

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	62717A	Total Pages	
First Named Inventor or Application Identifier			
Bernius			
Express Mail Label No.	EV 286948642		

Title: **HIGH DIELECTRIC CONSTANT COMPOSITES**

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 4]	8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
4. <input checked="" type="checkbox"/> Declaration and Power of Attorney [Total Pages 39] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) [Note Box 5 below] i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	9. <input type="checkbox"/> English Translation Document (if applicable)
5. <input type="checkbox"/> Incorporation By Reference The entire disclosure of the prior application identified in Box 18 is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Amend the specification by inserting before the first line, the sentence: "This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____ / _____. If this application claims the benefit of a provisional application, check this box. <input checked="" type="checkbox"/> This application claims the benefit of U.S. Provisional Application No. 60/453,780, filed March 11, 2003.	11. <input type="checkbox"/> Preliminary Amendment
	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	14. <input type="checkbox"/> Associate Power of Attorney
	15. <input type="checkbox"/> Sealed envelope containing confidential information, which Applicants may request to be expunged from the application file.
	16. <input checked="" type="checkbox"/> Authorization for payment of fees and Petition for Extensions of Time.
	17. <input type="checkbox"/> Other: _____

**ACCOMPANYING APPLICATION PARTS**

8.  Assignment Papers (cover sheet & document(s))
9.  English Translation Document (if applicable)
10.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
11.  Preliminary Amendment
12.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
14.  Associate Power of Attorney
15.  Sealed envelope containing confidential information,  
which Applicants may request to be expunged from  
the application file.
16.  Authorization for payment of fees and Petition for  
Extensions of Time.
17.  Other: \_\_\_\_\_

**19. CORRESPONDENCE ADDRESS**

Customer Number 00109 or  Correspondence address below

NAME			
ADDRESS			
CITY	STATE	ZIP CODE	

Please direct any telephonic communication regarding this application to the undersigned Attorney/Agent for Applicants:



Reid S. Willis

Reg. No.: 39,429  
Phone No.: 248-829-2902  
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

EXPRESS MAIL MAILING LABEL NO. EV 286948642  
DATE OF DEPOSIT: March 2, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**AUTHORIZATION FOR PAYMENT OF FEES  
AND PETITIONS FOR EXTENSIONS OF TIME**

Pursuant to 37 CFR 1.136(a)(3), please treat any concurrent or future reply in this application which requires a petition for an extension of time under 37 CFR 1.136(a)(1) as incorporating a petition for an extension of time for the appropriate length of time. Please charge any fees required under 37 CFR 1.17 in this application to Deposit Account No. 04-1512.

Respectfully submitted,

Reid S. Willis  
Reid S. Willis  
Registration No.: 39,429  
Phone: 248-829-2902

Date: March 2, 2004

P. O. Box 1967  
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17157 U.S. PTO  
030204

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attorney's Case No. : 62717A

Application of : Mark T. Bernius, Michael J. Elwell, Ray E. Drumright

For: HIGH DIELECTRIC CONSTANT COMPOSITES

No. of Drawing Sheets: 4

EXPRESS MAIL MAILING LABEL NO. EV 286948642

DATE OF DEPOSIT: March 2, 2004

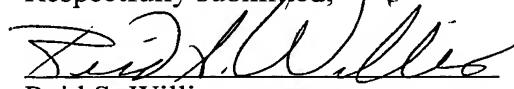
Sir:

Enclosed for filing is the above-identified application. Please charge the estimated fee to our Deposit Account No. 04-1512. An original and 2 copies of this sheet are enclosed.

A. Basic Filing Fee	<u>\$770.00</u>
Total Number of Claims	<u>7</u>
Less (Basic Fee)	<u>20</u>
B. Extra Claims	<u>0 x \$ 18.00 = \$0</u>
Total Number Independent Claims	<u>1</u>
Less (Basic Fee)	<u>3</u>
C. Extra Independent Claims	<u>      </u> x \$ 86.00 = <u>\$0</u>
D. Multiple Dependent Claims Presented	<u>+ \$290.00 = \$0</u>
TOTAL FILING FEE (A+B+C+D) = <u>\$770.00</u>	

If this estimate is incorrect, please charge or credit our account accordingly.

Respectfully submitted,

  
Reid S. Willis  
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